ARIZONA STATE BOARD OF HEALTH

ARIZONA SIAIE	State File No. 700
1. PLACE OF BIRTH BUREAU OF V	VITAL STATISTICS Registered No
STANDARD CER	TIFICATE OF BIRTH
County	State
District or Toyothip	or Village
glester -	
City No. St., Ward (If birth occurred in bosontal or institution, give its NAME instead of street and number)	
2. Full name of child al Serve Melf	supplemental report, as directed.
fex of Child To be answered ONLY) 4. Twin, triplet or other 6. Legitimate 7. Date	
in event of plural	of birth
Execution births.) 5. No., in order of	birth Month Day Year
8. FATHER	14. MOTHER
· ()	
Full name	Full maiden name
James Joseph	
9. Residence	15. Residence
(Usual place of abode)	(Usual place of abode)
If non-resident, give place and states of	If non-resident, give place and state
10. Solor or race	16. Color of race
11. Age at last birthon (Years	At a
Miles	17. Age at last birthday (Years)
12. Birthplace (city or place)	18. Birthplace (city or place)
/.	(State or country)
(State or country)	(State of council)
13. Occupation	19. Occupation
	Nature of Industry
Nature of Industry	Extract of industry
Turkey	
29. Number of children of this mother (a) Born a	live and now living 21. Were precautions taken against oph-
(Taken as of time of birth of child herein (b) Born a	live but now dead thaimit constored ?
certified and including this child.) (c) Stillborn	1
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who wasatm on the date above stated.	
(Born alive and different)	
When there was no attending physician Signature Relief	
or midwife, then the father, householder, etc., should make this return. A stillborn	
child is one that neither breathes nor	
shows other evidence of life after birth.	(Physician or mitwife.)
liven name added from	
B supplement report Month, day, year	
195-419-12-4 Filed 5/12 133 5, E, Wightmank	
Registrar	Registrar.
vir Biohigi.	